

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/810,901-Conf. #1090
		Filing Date	March 29, 2004
		First Named Inventor	Ueli BREITSCHMID
		Examiner Name	R. E. Chin
		Art Unit	3723
		Attorney Docket No.	2360-0406P
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	540.00	

**METHOD OF PAYMENT (check all that apply)**

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<b>Total Claims</b> _____ - or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	<b>Extra Claims</b> _____ - or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	<b>Fee (\$)</b> _____ <b>Fee Paid (\$)</b> _____
<b>Indep. Claims</b> _____ - or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	<b>Extra Claims</b> _____ - or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	<b>Fee (\$)</b> _____ <b>Fee Paid (\$)</b> _____

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>2403 Request for oral hearing</u>	540.00
	<b>Fees Paid (\$)</b>

<b>SUBMITTED BY</b>			
Signature	<u>Robert Dorn #48222</u>	Registration No.	29,271
Name (Print/Type)	Charles Gorenstein	Telephone	(703) 205-8000
		Date	April 3, 2009